

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/031844

FILING DATE

APPLICANT(S)

18-7-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9	1					
10						
11						
12				1		1
13				1		1
14				1		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
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50						
TOTAL IND.			1		1	
TOTAL DEP.			9		10	
TOTAL CLAIMS			10		11	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total Indep	1					
Total Depend	10					
Total Claims	11					

may be used for additional claims or amendments

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend			</			